NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) CSO DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD: AUG. 2	<u> 201</u>	1
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NO. CSO DISCHARGES OCCURRED:

•	1		

MONTH / YEAR

NAME: CITY OF MATTOON WWTP PERMIT NUMBER: IL0029831					
ADDRESS: 820 S. 5 TH PLACE CERTIFIED MAIL #70100780000044603576				03576	
CITY: MATTOON STATE: ILLINOIS ZIP CODE: 61938 TELEPHONE: (217) 234-68				7) 234-6828	
RAIN	ESTIMATED	ESTIMATED AMOUNT OF RAINFALL (IN INCHES):	CSO OU	ESTIMATED	
EVENT START DATE:	DURATION OF EVENT (IN HOURS):		OUTFALL NUMBER:	OUTFALL DESCRIPTION:	DURATION OF CSO DISCHARGE (IN HOURS);
8-15-11	4	0.3	800	HOWELL & N. 11 th St	1
8-15-11	4	0.3	004	N. RT. 45 ICRR DITCH TO RILEY CREEK	1

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE		DATE		
Tim Gover, Mayor	INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILTY OF FINE AND IMPRISONMENT. SEE 18 USC \$ 1010 AND 3 USC \$ 13179 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)		9	1	11
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	МО	DAY	YEAR

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.